



# Iowa Department of Human Services

Terry E. Branstad  
Governor

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Lt. Governor

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Director

## INFORMATIONAL LETTER NO.1421

**DATE:** September 11, 2014

**TO:** All Iowa Medicaid Participating Providers and Qualified Health Plans (QHP)

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Annual Submission Requirements - Employee Policies Regarding Prevention and Detection of Medicaid Fraud and Abuse

**EFFECTIVE:** Immediately

If you are a provider, or part of a provider entity that receives payments, in any federal fiscal year (October 1 to September 30) of at least \$5,000,000 from Iowa Medicaid, this Informational Letter (IL) applies to you. This IL is intended to clarify information originally explained in [Informational Letter 547](#)<sup>1</sup>, dated January 23, 2007.

[Section 6032 of the Deficit Reduction Act of 2005 \(Pub.L.109-171\)](#)<sup>2</sup>, mandates that any provider or provider entity that receives payments, in any federal fiscal year, of at least \$5,000,000 from any state Medicaid program must have written policies for all employees, including management, and for all employees of any contractor or agent, that provide detailed information about the following. If you are a provider or part of a provider entity required to submit your employee policies regarding prevention and detection of Medicaid fraud and abuse, as explained in Informational Letter No. 547, this notice clarifies the annual resubmission requirements of this information.

- If there are no changes to the policies and information submitted the previous year, you are not required to resubmit all information regarding these policies. You are, however, required to send a written statement indicating that there have been no changes and that these policies remain in effect.
- If there have been changes to the policies and information submitted the previous year, please send only the updated information.

**This information must be submitted annually in the quarter following the end of each federal fiscal year (October to December), but before January 1 of the following year.** For the federal fiscal year ending September 30, 2014, the information must be received by the IME by December 31, 2014. Please include the entity National Provider Identifier (NPI) and Tax Identification Number/Employee Identification Number (TIN/EID) when submitting the required information.

<sup>1</sup> [http://dhs.iowa.gov/sites/default/files/547DRAReqForProvOver5M\\_0.doc](http://dhs.iowa.gov/sites/default/files/547DRAReqForProvOver5M_0.doc)

<sup>2</sup> <https://dhs.iowa.gov/sites/default/files/DefRedAct.pdf>

The compliance with these requirements is mandatory for providers or provider entities receiving at least \$5,000,000 from the Iowa Medicaid program in any federal fiscal year. The \$5,000,000 amount, for Iowa Medicaid purposes, will be based on paid claims, net of any adjustments to those claims. The \$5,000,000 threshold is calculated based on payments made to a TIN/EID.

The required information may be faxed to the IME Program Integrity (PI) Unit at 515-725-1354 or mailed to:

Program Integrity Unit  
Iowa Medicaid Enterprise  
P.O. Box 36390  
Des Moines, IA 50315

State and federal laws require that any provider or provider entity that fails to comply with this information submission will be subject to sanction, including probation, suspension, or termination of participation in the Iowa Medicaid program.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally 515-256-4609 or by email at [IMEProviderServices@dhs.state.ia.us](mailto:IMEProviderServices@dhs.state.ia.us).